

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>7-5-05</u>		2 Serial/Patent # <u>10/518767</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/> Filing			6 AMOUNT							
<input type="checkbox"/> Amendment			\$ <u>50</u>							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>50</u>								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Treasury Check								
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/> No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>0</td><td>6</td><td>--</td><td>2</td><td>1</td><td>4</td><td>0</td> </tr> </table>		0	6	--	2	1	4	0
0	6	--	2	1	4	0				
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>								
SIGNATURE: <u><i>John Anderson</i></u>		PHONE: <u>308-9140 ext 211</u>								
OFFICE: <u>PCT - DO/EU</u>										
*****										
THIS SPACE RESERVED FOR FINANCE USE ONLY:										
APPROVED: _____		DATE: _____								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*